

**Oklahoma Department of Corrections  
Basic RN Initial /Annual Competency Verification**

Name of Employee: \_\_\_\_\_ Facility \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Initial Medication Administration Learning Assessment Score: \_\_\_\_\_

Initial CPR Expiration Date: \_\_\_\_\_

<b>Task</b>	<b>References/Learning Activities</b>	<b>Date Evaluated</b>	<b>Evaluator's Initials</b>	<b>Competency Method</b>
<b>A. Patient Rights and Organizational Ethics: The nurse will demonstrate respect for patient's rights and practice patient advocacy.</b>				
1. Acknowledges confidentiality policies and HIPAA rules as related to the correctional setting.	Signs Confidentiality Acknowledgement  Date: _____			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>B. Assessment of Patients: In collaboration with the patient, the nurse will systematically assess the patient.</b>				
1. Able to perform assessments on patients using appropriate standards, guidelines, policies and procedures.  2. Acknowledges process for collaborating with providers to use Nursing Protocols per Oklahoma Nursing Practice Act, policy and procedures.	Review: <ul style="list-style-type: none"> <li>• OP-140115</li> <li>• OP-140137</li> <li>• MSRM 140117-01-TOC</li> <li>• Chronic Illness Management Treatment Guidelines – Routine and Annual Treatment Guidelines</li> <li>• Oklahoma Nursing Practice Act</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>C. Care of Patients: In collaboration with the patient, the nurse will demonstrate the ability to apply the nursing process in a developmentally and culturally appropriate manner. Performs the following patient care tasks according to policies, procedures and standards.</b>				
<b>Respiratory System</b>				
1. Able to administer oxygen via: <ul style="list-style-type: none"> <li>• Face _____</li> <li>• Non-re-breather mask _____</li> <li>• Tracheostomy collar _____</li> <li>• Nasal cannula _____</li> </ul>	Review: <ul style="list-style-type: none"> <li>• All applicable nursing policies and procedures, standards, and patient care guidelines for each skill.</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to conduct suctioning via: <ul style="list-style-type: none"> <li>• Oral pharynx _____</li> <li>• Nasal pharynx _____</li> <li>• Tracheostomy _____</li> </ul>				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to collect a sputum sample.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to administer an aerosol breathing treatment.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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<b>Respiratory System</b>				
5. Able to apply and monitor a pulse oximetry.	Review: <ul style="list-style-type: none"> <li>All applicable nursing policies and procedures, standards, and patient care guidelines for each skill.</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
6. Able to apply and monitor a CPAP for apnea.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
7. Able to conduct incentive spirometry.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
8. Able to use Peak flow meters.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Cardiovascular</b>				
1. Able to apply cardiac monitors and read performance of ECG.	Review: <ul style="list-style-type: none"> <li>All applicable nursing policies and procedures, standards, and patient care guidelines for each skill.</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to identify method for CPR and initiation of emergency interventions.	Review Nursing Protocol: <ul style="list-style-type: none"> <li>MSRM. 140117.01.1 Chest Pain Protocol</li> <li>MSRM 140117.01.47 Cardiopulmonary Resuscitation</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Neurological</b>				
1. Able to perform a basic neurological exam: mental status, motor function, muscle tone, strength, coordination, sensory system, reflexes and visual acuity.	Review Nursing Protocol: <ul style="list-style-type: none"> <li>MSRM 140117.01.36 Mental Status Changes</li> <li>MSRM 140117.01.37 Headache</li> <li>MSRM 140117.01.38 Head Trauma</li> <li>MSRM 140117.01.39 Seizures</li> <li>MSRM 140117.0140 Dizziness/Lightheaded</li> <li>MSRM 140117.01.63 Neurological Deficit</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Gastrointestinal</b>				
1. Able to complete Nasal Gastric and Orogastric Tube placement, feedings and suction.	Review: <ul style="list-style-type: none"> <li>All applicable nursing policies and procedures, standards, and patient care guidelines.</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to administer varied enemas – fleets.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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<b>Gastrointestinal</b>				
3. Able to complete Ostomy care.	Review: <ul style="list-style-type: none"> <li>All applicable nursing policies and procedures, standards, and patient care guidelines.</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to administer gastrostomy feedings.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
5. Able to collect stool specimens.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
6. Able to complete Hemocult testing.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Integumentary</b>				
1. Able to complete care of wounds, including assessments, evaluation of healing, response to care and change in condition.	Review: <ul style="list-style-type: none"> <li>MSRM-1140117.01.53 – Wound Care Treatment</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to apply dressings, including sterile, dry or wet.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to provide patient education on skin integrity and hygiene.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to place, read and interpret TST (tuberculin skin test)	Review: <ul style="list-style-type: none"> <li>OP-140301</li> <li>CDC guidelines</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Genitourinary</b>				
1. Able to complete urine dipstick testing.	Review: <ul style="list-style-type: none"> <li>Manufacturer's guidelines.</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to complete Foley placement, maintenance and removal and Suprapubic catheter maintenance.	Review: <ul style="list-style-type: none"> <li>All applicable nursing policies and procedures, standards, and patient care guidelines.</li> </ul>			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to measure output.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to complete bladder irrigations				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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<b>Genitourinary</b>				
5. Able to collect urine specimens.	Review: • All applicable nursing policies and procedures, standards, and patient care guidelines.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Musculoskeletal</b>				
1. Able to complete Active and passive ROM.	Review: • All applicable nursing policies and procedures, standards, and patient care guidelines.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to stabilize orthopedic injuries by applying splints, maintaining traction and providing cast care.	Review Nursing Protocol: • MSRM 140117.01.32 - Amputation • MSRM 140117.01.34 – Skeletal Injury			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Oral</b>				
1. Able to conduct an oral screening/exam and complete Nursing Protocol as indicated.	Review: • OP-140124 • MSRM 140117.01.46 - Toothache • MSRM 140117.01.52 Jaw Injury			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Fluid and Electrolyte/Hydration</b>				
1. Able to initiate IV therapy, including peripheral cannulation and documentation	Review: • All applicable nursing policies and procedures, standards, and patient care guidelines.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Fluid and Electrolyte/Hydration</b>				
2. Able to administer IV medication – includes IV fluids, IVPB, IV bolus and push medications.	Review: • All applicable nursing policies and procedures, standards, and patient care guidelines.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to maintain IV lines/catheters, saline and heparin flushes, dressing changes.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to complete central venous access device dressing changes.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
5. Able to use infusion devices and pumps.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Psychosocial</b>				
1. Able to assess and incorporate patient's cultural/spiritual beliefs into care delivery.	Review: • ODOC security and mental health policies.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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<b>Psychosocial</b>				
2. Able to access appropriate referrals for identified needs.	Review: • OP-140652 • OP-140653			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to identify and know the steps of reporting signs of abuse and/or victimization.	Review: • OP-140118			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to identify suicide/self-harm risks and initiate suicide precautions per DOC policy.	Review: • OP-140129			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Pain</b>				
1. Able to use pain scale.	Review: • 0-10 and Wong-Baker Faces Pain Rating Scale			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to use pharmacological pain control interventions and non-pharmacological pain control measures.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Medication Administration</b>				
1. Acknowledges measures for safely administering medications according to policies/procedures/standards. Via: topically, orally, rectum, vaginally, subcutaneously, eye, sublingually and intramuscularly.	Review: • ODOC Policy and Procedures and nursing protocols related to medication administration.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Acknowledges ODOC medication ordering process. Includes filling, refilling, stop dates, stock/starter medications and emergency drugs.	Review: • OP-140130			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to document medical incident reports and dispose of unused drugs per policy.	Review: • OP-140130			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Lab</b>				
1. Able to use blood glucose monitoring devices: calibration, control test, maintenance	Review: • OP-140112 Health Services Equipment Maintenance			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to collect blood specimens via: venipuncture, capillary puncture and lines/catheters	Review: • MSRM 140117.01.59 Venipuncture			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Safety/Security</b>				
1. Able to monitor environment for safety issues and intervene appropriately. Personnel ID, contraband, sharps control, lockdown/counts and key control.	Review: • OP-040101			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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<b>Safety/Security</b>				
2. Acknowledges special housing care – medical cells, segregation, isolation, monitoring and communicable diseases.	Review: • OP-140119 • OP-140120 • OP-140137 • OP-140301 • OP-140117			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to utilize fall risk precautions.	Review: • All applicable nursing policies and procedures, standards, and patient care guidelines			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Infirmiry Care</b>				
1. Able to admit a patient to the infirmiry, including noting provider orders, and maintaining complete infirmiry record.	Review: • OP-140119			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Acknowledges and complies with observation services, including admission or discharge to infirmiry or transfer to hospital.	Review: • OP-140119 Section F			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to develop and implement Infirmiry Health Care Plan upon completion of initial nursing assessment.	Review: • OP140119 • DOC 140119B			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Acknowledges documentation requirements for Infirmiry.	Review: • OP-140119 • DOC 140119A • DOC 140106B			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
5. Able to discharge a patient from the infirmiry, including assisting provider with completion of Infirmiry Discharge Summary.	Review: • OP-140119 • DOC 140119C			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>Palliative Care</b>				
1. Able to identify the eligibility requirements for the palliative care program.	Review: • OP-140146 • MSRM 140146-01			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to identify the duties and responsibilities for members of an interdisciplinary team (IDT). Understands the process for Inmate Living Will/Advance Directives for Healthcare and Do Not Resuscitate (DNR) Consent forms.	Review: • OP-140146 • OP-140138			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to complete the required forms utilized for palliative care documentation.	Review Forms: • DOC 140146A • DOC 140146B • DOC 140146C • DOC 140146D			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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<b>Palliative Care</b>				
4. Able to discharge a patient from palliative care program. Understands death vigils and documentation for an inmate's death.	Review: • OP-140146 • OP-140111			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>D. Patient Education: The nurse will provide culturally and age appropriate patient teaching.</b>				
1. Able to identify factors that influence the patient's ability to learn; including educational needs and readiness to learn.	Review: • All applicable nursing policies and procedures, standards, and patient care guidelines			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to identify special needs care, including: therapeutic diets, inmate work clearance and special needs treatment plans.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Acknowledges documentation practices for patient education.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>E. Leadership: The nurse assumes responsibility for a leadership role in providing care.</b>				
1. Acknowledges the importance of working within the scope of practice. Delegates tasks to other team members that are within their scope of practice.	Review: • Nurse Practice Act • Decision-Making Model for Scope of Nursing Practice Decisions			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>F. Management of the Environment of Care: The nurse will provide a safe and clean environment.</b>				
1. Able to utilize emergency plans, i.e. severe weather plan, security breach, hostage situations, AED and lifepak,	Review: • OP-050100 • OP-050102 • OP-050401 • OP-100204 • OP-140118			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Understands the ODOC Fire Safety Plan: code/signal or alert, location and use of fire extinguishers, emergency exits/alarms and evacuation plan.	Review: • OP-050102			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Understands how to maintain equipment per manufacture's recommendation, i.e. autoclave, glucometer, etc.	Review: • OP-140132 • Manufactures guide for cleaning and upkeep.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
<b>G. Management of Information: The nurse will communicate information through use of verbal, written, electronic and other methods.</b>				
1. Able to use phone, computer and fax systems per ODOC standards.	Review: • OP-140106			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to utilize the ODOC Electronic Health Record (EHR) system for all required documentation of patient records and uses the EMAR training manual as needed for reference.	Review: • MSRM – 140106.01 HealthCare Record -Table of Content • MSRM – 140117.01 Nursing Practice Protocol – Table of Content • EHR Training Manual			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

